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APPLICANTS
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**** CONTINUING DATA ******* CON PCI/US 98/11060 *clh*

**** FOREIGN APPLICATIONS ******* None *clh*

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 ** 10/16/1997

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>congratulatory</i> Examiner's Signature <i>clh</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 7
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TITLE
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FILING FEE RECEIVED 2034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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